

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

Registrar's No.

16110
4428

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME EMMA ALEXANDER

3. (b) If veteran, none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fredric W. Alexander 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Oct. 28 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 14 hr. min.

9. Birthplace Mt. Vernon, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name unknown Zimmermann
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Z. Alexander
(b) Address # 14 Woodcliff, Missouri
removal (b) Date thereof 5-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon, Indiana
18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) MAY 1 1944 (b) J. F. Muesch
(Date received local copy) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County 999
(c) City or town Detroit 20
(If outside city or town limits, write "RURAL") ONR
(d) Street No. #20006 Cheveene St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1944 hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from May 11, 1944 to May 12, 1944
that I last saw her alive on May 12
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of The liver

Due to Metastasis from primary carcinoma of breast

Due to 50

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Metastatic nodules in liver
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of Injury

23. Signature M. C. Abney (M. D. or other)
Address BARNES HOSPITAL Date signed 5/12/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.